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ABSTRACT

Intended especially for Office of Vocational Rehabilitation (OVR) personnel who determine and implement policies, this document concerns delivery of vocational rehabilitation services to hearing-impaired persons in New York. A statement of purpose begins the document. Each of the next seven chapters addresses a critical area of the rehabilitation system. Chapter II concerns the population of hearing impaired persons, establishes baseline data using general estimates and actual agency statistics, and describes some unique characteristics of this population. Chapter III describes the rehabilitation process with frequent references to key principles governing each stage of the process. The job qualifications and functions of personnel dealing directly with hearing-impaired clients are presented in chapter IV. The next chapter defines the role of the agency's Advisory Committee on Deafness. The last three chapters discuss existing cooperative agreements and programs, the involvement of OVR in the deaf community, and independent living services and present guidelines for interagency agreement, future OVR community involvement, and continued development of services. Appendixes list OVR offices, personnel and independent living centers; describe certificates issued by the Registry of Interpreters for the Deaf; and list recommendations for the OVR. (YLB)

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New York State Office Of Vocational Rehabilitation
Model Plan for Services to Deaf Persons

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DEPUTY COMMISSIONER FOR
VOCATIONAL REHABILITATION

March 1, 1983

It is with great pleasure that I introduce this document which reflects the beginnings of a cooperative effort to plan and provide vocational rehabilitation services to persons with hearing impairments in New York State. If there is a single purpose to these pages, it is to promote a process in which continued improvements in services will be made through the active participation of consumer representatives and agency staff.

Our agency has been fortunate to have had a very dedicated and distinguished group of individuals as members of the OVR Ad Hoc Advisory Committee on Deafness. Under the excellent leadership of the chairperson, Dr. Jack Clarcq, this group has contributed many hours of discussion, editing, and advising on the content of this document and on the future direction of OVR. The quality of their work and the value of their contributions underscore the reasons why a permanent Advisory Committee is being established. On behalf of OVR staff, I would like to express appreciation for the Committee's contributions.

In the same spirit, I would like to thank those OVR staff who incorporated their practical knowledge and experience in the formulation of this document. Indeed, the many hours of concentrated effort on the content of this document represent the willingness and desire of OVR staff to continually perfect a system which has always promised to deliver quality services to clients in need. True professionalism calls for such willingness and desire.

Our appreciation is extended also to NTID staff and students who designed the document's cover and illustrations. Such fine work is representative of the cooperative spirit in which this document was developed; and reflects well on the quality of education provided at this national facility located in New York State.

Finally, it is my hope that this document will be recognized for what it is -- the beginning of a process. It is our intention to build upon this beginning by developing with the advice of the Advisory Committee a plan of action by which OVR may more appropriately meet the vocational rehabilitation needs of hearing impaired persons. Your comments and ideas are a welcomed part of this process.

Sincerely yours,

Basil Y. Scott

Basil Y. Scott
Deputy Commissioner

On behalf of the Ad Hoc Advisory Committee on Deafness, I want to express our appreciation for the opportunity to have participated in the process that led to this document. The Committee worked diligently and thoughtfully at its task and the dialogue and debate that occurred during deliberations helped clarify issues and concerns. In the final analysis, this type of pointed discussion strengthened the document.

We are appreciative of the support provided by the Office of Vocational Rehabilitation and its Deputy Commissioner, Dr. Basil Scott. It was his concern and commitment regarding future planning of vocational rehabilitation programs and services for deaf citizens of New York State that led to formulation of the Committee. This foresight is critical if appropriate, qualitative and timely policies, programs and services are to be made available to deaf individuals. In a society characterized by rapid technological change, it is crucial that vocational rehabilitation programs respond to such change so as to impact positively on the lives of deaf people. The support of the Office of Vocational Rehabilitation is further evidenced in that a committee has been designated to provide long term advice and counsel to the Deputy Commissioner regarding the vocational rehabilitation needs of deaf individuals.

I would be remiss if I did not offer the personal thanks of the Committee to Dr. Richard Hehir, Mr. Eugene Joyce, and Ms. Vickie Scott, staff members in the Office of Vocational Rehabilitation. Their personal support to the Committee facilitated meeting our objectives.

The document is meant to be a working tool, to be used by professionals who impact on the lives of deaf people. Its utility will be measured by its impact on the quality of life of deaf people.

Jack R. Clarcq

Jack R. Clarcq, Chairperson
Ad Hoc Advisory Committee on Deafness

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TABLE OF CONTENTS

I. Statement of Purpose 1

II. Population Estimates and Characteristics 5
A. Definitions 6
B. Estimates of Hearing Impaired Population 8
C. OVR Case Services (1978-1982) 9
D. Estimates and Impact of "Rubella Population" 12
E. Language and Communication 16
F. Summary 17

III. The Rehabilitation Process 19
A. Application 20
1. Communication Accessibility 20
2. Explanation of Rehabilitation Process 22
3. Confidentiality 22
4. Client/Counselor Responsibilities 23
B. Determining Eligibility 23
1. Medical Exams 24
2. Vocational Assessment 25
3. Extended Evaluation 26
4. Eligibility Criteria 26
5. Client/Counselor Responsibilities 27
C. Services through IWRP 27
1. Counseling 28
2. Physical Restoration 29
3. Education and Training 29
4. Placement 30
5. Support Services 30
6. Adaptive Equipment 32
7. Postemployment 33
8. Client/Counselor Responsibilities 33
D. Linkages with Schools 34
E. Appeals Process 34
F. Cost of Services 35

IV. Personnel 37
A. The State Coordinator for the Deaf (SCD) 38
B. Functions and Qualifications Associated with Office of State Coordinator for the Deaf (SCD) 39
C. Functions and Qualifications Associated with Position of Rehabilitation Counselor for the Deaf (RCD) 40

V. Advisory Committee on Deafness 43

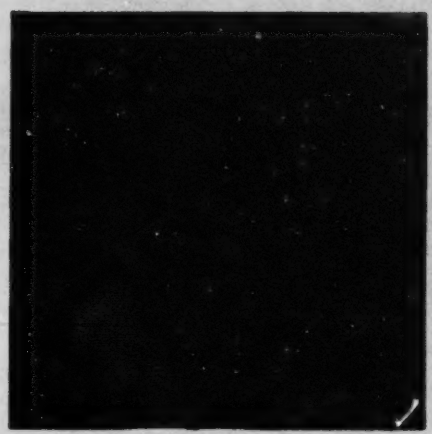
VI. Interagency Cooperation 47
A. Introduction 48
B. Cooperative Agreements 48
1. Current Agreements 48
2. Guidelines 49
C. Cooperative Programs 51
D. Other Specialized Programs 52

VII. OVR and The Deaf Community 53
A. Introduction 54
B. Programs 55
C. Guidelines 56

VIII. Independent Living Services 59
A. Introduction 60
B. Basic Services 61
C. Guidelines 65

INDEX 67

Appendix A List of OVR Offices and Personnel 69
Appendix B List of Independent Living Centers 71
Appendix C Registry of Interpreters for the Deaf: Certificates, Code of Ethics 72
Appendix D Recommendations of Ad Hoc Advisory Committee 74



Statement of Purpose

CHAPTER I

Statement of Purpose

This document concerns the delivery of vocational rehabilitation services to hearing impaired persons in New York State. Its development and publication signify a renewed commitment on the part of the NYS Office of Vocational Rehabilitation (OVR) to improve and ensure quality services for clients with hearing impairments. It is the product of a joint effort between consumer representatives and agency staff . It is presented at a time when a significantly greater number of hearing impaired persons are expected to seek appropriate assistance from OVR.

There are several purposes for which this document was written. This document intends to: 1) present guidelines for the continued improvement of programs and services provided by the Office of Vocational Rehabilitation; 2) describe existing policies and services in terms of the issues and concerns which relate to hearing impaired clients; 3) identify important principles of rehabilitation with hearing impaired clients at various stages and levels of service delivery; 4) establish a basis for future plans and policies that affect hearing impaired consumers. The focus of these purposes is to achieve "accessibility," in spirit and in practice, throughout the entire rehabilitation system.

The impetus for achieving accessibility comes from both an internal recognition of the need to maintain appropriate and reasonable services and external guidance provided by national experts in the field of rehabilitation of deaf persons. Particularly, the Model State Plan for Vocational Rehabilitation of Deaf Clients (MSP), a document now adopted by most states and territories, represents the primary source of philosophy and principles on deafness. The second revision of the Model State Plan was prepared for the Council of State Administrators of Vocational Rehabilitation (CSAVR) and published in 1980 by the National Association of the Deaf (NAD). The New York State version of this document uses the basic chapter structure of the MSP, but seeks to strengthen these chapter headings by providing specific programmatic guidelines in addition to program descriptions.

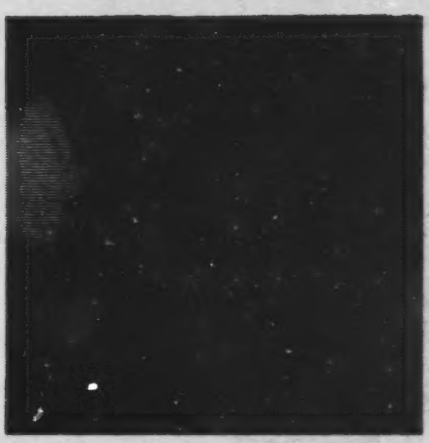
The content of this document is intended especially for OVR personnel, including personnel who determine policies as well as those who implement policies. An attempt has been made, however, to present this document in language that can be appreciated by

the general public. Furthermore, since it is recognized that no single document can fully explain the policies and practices of an agency to all persons, it is hoped that this document will encourage the development of supplementary materials which can be used by many individuals, including hearing impaired persons.

This New York State document attempts to refer to issues and concerns relating to all hearing impaired persons, including deaf and hard of hearing individuals. While greater emphasis has been placed on persons who are "severely disabled" according to Federal and state statutes, it is hoped that this document will have a beneficial effect on all hearing impaired persons seeking OVR services.

Each chapter addresses a critical area of the rehabilitation system. Chapter II concerns the population of hearing impaired persons, establishes baseline data using general estimates and actual agency statistics, and described some unique characteristics of this population. Chapter III described the rehabilitation process with frequent references to key principles governing each stage of the process. Chapter IV presents the job qualifications and functions of agency personnel dealing directly with hearing impaired clients. Chapter V defines the role of the agency's Advisory Committee on Deafness. Chapter VI describes existing cooperative agreements and programs, and presents relevant guidelines. Chapter VII discusses the involvement of OVR in the deaf community. Chapter VIII discusses independent living services and presents guidelines for the continued development of such services.

The ultimate value of this document may rest with the appendix on Recommendations. This particular section is designed to be an ongoing process. On a regular basis, the agency's Advisory Committee will continue to assist by making additional recommendations, identifying the priority needs of hearing impaired clients, and suggesting means of implementing programs and services. This regular advice should help transform the words of this document into daily practice. Rather than simply remaining a product of a specific time and group of people, it is expected that this document will mark the beginning of a useful process that will benefit both agency personnel and hearing impaired clients.



Population Estimates and Characteristics

CHAPTER II

Population of Hearing Impaired Persons in New York State

A. Definitions

One of the major disability categories used by OVR to record disabling conditions is the category of Hearing Impairment. It is defined as a general term referring to all types of conditions where the sense of hearing is significantly impaired. The term encompasses the disabling conditions of "deafness" and "hard of hearing." For OVR purposes, these disabilities are defined as follows:

Deafness is a severe to profound bilateral impairment of the sense of hearing. A person who is deaf cannot hear and understand speech through the ear alone with or without amplification. Such a person relies primarily on visual communication, such as facial expressions and lipreading, manual communication, gestures, writing, and reading. Deaf persons may or may not be able to speak. Deaf persons may or may not be able to use sign language.

Hard-of-Hearing is a significant bilateral impairment to the sense of hearing, but not to the extent that a person must primarily rely on visual communication. This person's hearing is usually functional for ordinary life purposes, with or sometimes without amplification. Also the ability to lipread for many hard-of-hearing persons may significantly aid in the understanding of spoken language.

In the process of identifying the type of hearing impairment according to the above definitions, counselors will seek further information on the disabling condition by asking questions about the "age at onset" and "etiology." Such information contains many implications about communication and language capabilities, social development, academic achievement, and functional impairments. This information aids the counselor in assessing client needs and eligibility.

Age at onset refers to the period of time in a person's development when the hearing impairment occurred. There are three time periods which are identified by the following terms and descriptions:

prelingual:	occurring prior to age 3
prevocational:	occurring on or after age 3 but prior to age 19
postvocational:	occurring on or after age 19

Etiology refers to the cause of the disabling condition. It is described by one of the following terms:

congenital: existing at or from birth
hereditary: transmitted genetically from parent to child
degenerative or infectious disease
accident or injury
unknown

Severely Disabled

The term "severely disabled" is used by OVR to identify eligible clients who have a relatively greater degree of impairment within specific categories of disability. When used in reference to hearing impairments, the term is defined as follows:

A client should be classified as "severely disabled" under one of the following conditions:

1. A disability of deafness has been determined.
2. A disability of hard-of-hearing has been determined with at least a 55 decibel (db) loss, unaided, reference (ANSI), Speech Reception Threshold or Pure Tone Audiometry, in the better ear.
3. A disability of hard-of-hearing has been determined, with a 40-54 db loss, unaided, reference (ANSI), SRT or PTA, in better ear, in combination with either: (a) speech discrimination less than 50 percent or (b) progressive loss.

B. **Estimates of Hearing Impaired Population**

According to the most recent National Health Survey (1977) to include a special series of questions on hearing impairment, there are an estimated 16,219,000 persons with hearing impairments (including tinnitus) within the civilian, non-institutionalized population of the United States. This figure represents a prevalence rate of 76.4 hearing impaired persons per 1000 general population. The results of this recent survey surpass results reported in the previous special survey (1971) which estimated 14.5 million hearing impaired persons at the rate of 71.6 per 1,000 population.

The National Health Survey does not provide information by state or by varying degrees of hearing impairment. Only national data are presented. It can be inferred, however, that the hearing impaired population in total and as a percentage of the general population is on the increase.

Another source of information on hearing impaired persons is a census of the deaf population of the United States which was conducted by the National Association of the Deaf and published in 1974*. This census provided data by various degrees of hearing impairment. In particular, this census established prevalence rates on deafness and presented national and state estimates of deaf persons. Referring to deaf persons of all ages at onset of disability, the census estimated that there are 873 deaf persons per 100,000 population. This rate was applied to the U.S. population, yielding an estimated 1.7 million deaf persons nationally. Ranking second among states in estimated deaf population, New York State was estimated to have 125,275 deaf residents.

Another important estimate should be included in this document for planning purposes. It concerns the estimated percentage of deaf persons who have a condition known as Usher's Syndrome. This condition occurs in 3-6 percent of congenitally deaf persons. The condition manifests itself as congenital deafness accompanied by progressive loss of vision through retinitis pigmentosa. The multiple problems associated with this condition necessitate appropriate and timely planning on the part of client and counselor.

*Schein, J.S. Delk, M.J. The Deaf Population of the United States, National Association of the Deaf 1974.

C. **OVR Case Services (1978-1982)**

The NYS Office of Vocational Rehabilitation serves a significant number of hearing impaired persons per year. In fact, in several categories it appears that the percentage of hearing impaired clients per total client population has been increasing steadily. It is anticipated that this percentage will be sharply elevated throughout the 1980's as a result of the "rubella population" described in this chapter.

In Table I an account of cases still open at the end of five fiscal years is presented. The open cases may be subdivided into two groups: those cases undergoing evaluation and assessment to determine eligibility/ineligibility, and those cases in various rehabilitation stages following a determination of eligibility. It may be noted that the percentage of eligible hearing impaired cases per total eligible cases has risen nearly 2 percent from 1978 to 1982.

The number of closed cases at the end of each fiscal year is reported in Table II. Closed cases may be preeligible, rehabilitated, or non-rehabilitated. The number and percentages of closed cases have been fairly consistent over the five year period.

It is important to note that the rehabilitation rate of eligible hearing impaired clients (i.e., rehabilitated cases per rehabilitated cases plus nonrehabilitated cases) is relatively high (71%). This means that 7 out of 10 eligible clients are successful in finding employment following the provision of OVR services. A success rate such as this reflects well on the quality of service provided by OVR and on the value of investing tax dollars in the rehabilitation of hearing impaired persons.

TABLE I

Open Cases (Hearing Impaired) at End of Fiscal Year

Status (Code)	1982		1981		1980		1979		1978	
	Number	% of All Cases	Number	% of All Cases	Number	% of All Cases	Number	% of All Cases	Number	% of All Cases
Preeligible* (00,02,06)	760	4.5%	986	3.5%	862	3.6%	824	3.9%	918	3.6%
Deaf	475		728		675		599		690	
Hard of Hearing	285		258		187		225		228	
Eligible** (10-24)	2,146	6.7%	2,033	5.8%	1,944	5.5%	1,995	5.2%	2,033	4.9%
Deaf	1,568		1,427		1,342		1,352		1,328	
Hard of Hearing	578		606		602		643		705	

* Preeligible clients are those clients involved in the first step of the rehabilitation process prior to a determination of eligibility/ineligibility. They may be in one of three statuses: referral (00), applicant (02), or extended evaluation (6).

** Eligible clients are those clients who have met eligiblity criteria and who are currently in an active status: planning (10-12), counseling (14), physical restoration (16), training (18), ready for employment (20), employed (22), or service interrupted (24).

TABLE II

Closed Cases (Hearing Impaired) at End of Fiscal Year

Status (Code)	1982		1981		1980		1979		1978	
	Number	% of All Cases	Number	% of All Cases	Number	% of All Cases	Number	% of All Cases	Number	% of All Cases
Preeligible* (08)	384	1.2%	424	1.2%	274	1.1%	283	1.0%	344	0.9%
Deaf	258		273		163		165		162	
Hard of Hearing	126		151		11		118		182	
Rehabilitated** (26)	506	4.9%	520	5.7%	482	5.4%	501	5.3%	511	5.0%
Deaf	346		344		301		302		326	
Hard of Hearing	160		176		181		199		185	
Nonrehabilitated*** (28, 30)	205	2.4%	211	2.6%	372	3.2%	335	2.8%	353	2.6%
Deaf	141		136		229		177		214	
Hard of Hearing	64		75		143		158		139	

* Preeligible closures (08) refer to those clients whose cases were not accepted as eligible and were closed for a variety of reasons, including (1) no disabling condition, (2) no vocational handicap, (3) handicap too severe, (4) unable to locate, (5) refused services or further services, etc.

** Rehabilitated closures (26) refer to those clients whose cases were closed 60 days after they became employed as a (1) competitive worker, (2) sheltered worker, (3) homemaker, (4) unpaid family worker, or (5) self-employed worker.

*** Non-rehabilitated closures (28, 30) refer to those clients whose cases were closed after they were accepted as eligible clients but before, or without, achieving success through employment. The reason for closure may involve (1) moving out of state, (2) refusing further services, (3) lack of contact or interest, (4) health factors, etc.

D. **Estimates and Impact of "Rubella Population"**

The maternal rubella epidemic of 1963-1965 resulted in more than twice the expected number of children born deaf during the years 1964 and 1965. This increased number of children born deaf during epidemic years has been labelled the "rubella bulge" and the "rubella population." For OVR purposes, the term "rubella population" means the total number of persons born deaf during this two-year period, some of whom were born deaf due to rubella and some due to other causes. The Office of Demographic Studies at Gallaudet College has estimated that, nationally, there are 8,000 rubella cases and 7,500 other cases within this "population."

Several studies have attempted to predict the needs and vocational direction of this group of persons who will enter the rehabilitation system in large numbers. One significant report* provided important information for planning purposes. Among other observations, it was suggested that rubella students are not necessarily concentrated in residential schools for the deaf. They seem to be enrolled in day programs in the same manner in which other deaf students are enrolled. Furthermore, a high percentage (40 percent) of rubella-deafened persons in this "population" possess significant secondary disorders. This percentage is distributed evenly between residential and day program students. The majority of rubella students, moreover, will graduate during the years 1983 through 1985.

Table III is derived from the Stuckless report. This table compares the projected vocational plans of a sample of general deaf students and a sample of rubella students. These results do not include projections for deaf-blind, mildly hearing impaired, or severely multiply involved students affected by maternal rubella.

The Stuckless study was conducted in the winter of 1979-80, and involved 11 residential and 9 day programs for hearing impaired persons across the country. In order to compare rubella students with a different group of deaf students, the study used a sample of 422 deaf seniors drawn from the 20 programs and a sample of

*Stuckless, E.R., "Projections of Deaf Students with Maternal Rubella: College and other Alternatives," American Annal of the Deaf, November 1980.

929 rubella students drawn from the same programs. Some (14 percent) of the seniors were known to be rubella students and were included, nevertheless, in the study. The rubella group of students were born during the 1963-65 epidemic period. A comparison of these two groups of students in terms of projected postgraduation activities is reported in Table III.

In the spring of 1981, OVR conducted a survey of selected high schools across the State to obtain preliminary information on the expected number of graduates from 1981-1985. The survey attempted to gather data on both rubella and non-rubella populations of deaf students. Table IV lists only the data reported by special schools for the deaf. Table IV reveals that the expected pattern of high school graduates will be characterized by a sharp increase during the years 1983 to 1985. It must be noted that not all students are expected to graduate, since many will withdraw from school for various reasons. Many of these students will also become OVR clients at some point in time.

In addition to the above projections on high school graduates, Table V presents information on projected school populations at special New York State schools for the deaf for the academic year 1982-83. A large proportion of students in the 5-17 age range tend to be at the upper end of that range at ages 16 and 17.

During the same academic year of 1982-83, the New York State Education Department reports that 1,452 deaf students and 1,271 hard of hearing students will receive special education and related services in New York State public schools. The majority of these students fall within the age range of 6 to 17 years old. Within this age range, it is reported that there are 1,149 deaf students and 1,176 hard of hearing students. It is assumed that a significantly large proportion of these students are 16 and 17 years old. Within the age range of 18 to 21 years, it is reported that there are 303 deaf students and 95 hard of hearing students.

Appropriate planning for the "rubella population" must begin with the recognition that a significant increase in referrals of deaf persons will enter the vocational rehabilitation system, especially from 1983 through 1985. A large proportion of these referrals will present secondary disorders requiring proper diagnostic investigation. Many individuals will need extensive services to overcome vocational handicaps. The need for agency coordination of services is necessary in order to maximize resources for the benefit of clients.

TABLE III

Percentage Distribution of Projected Activities of 1980 Seniors and Rubella Students After Graduating from 20 Secondary Programs for the Hearing Impaired.

	1980 Senior		Rubella Students	
Projected Activities				
Enter Bacc. or Assoc. Degree Program	37%		30%	
Enter Nondegree Program	19%		22%	
Subtotal, Postsecondary Program		56%		52%
Directly Enter Labor Force		30%		35%
Substantial Rehab. Services (Good Prognosis[a])	8%		9%	
Continuing Care (Poor Prognosis[a])	6%		4%	
		14%		13%

[a]Prognosis for Future Independence

TABLE IV

Projected Deaf High School Graduates by School

	1981	1982	1983	1984	1985
St. Mary's	14	10	19	16	23
Rochester	16	8	25	21	24
New York State School (Rome)	12	18	18	50	16
New York School (White Plains)	51	47	68	42	N/A
Lexington	32	30	60	45	35
Mill Neck Manor	13	16	16	24	34

TABLE V

Projected Student Population at Special Schools for the Deaf
September 1982

School	Age Groups				
	0-2	3-5	5-17	18-20	Total
New York State School for the Deaf (Rome)	1	10	183	17	21
Lexington School for the Deaf (Jackson Heights)	27	41	257	78	403
Mill Neck Manor Lutheran School for the Deaf (Mill Neck)	0	6	131	33	180
New York State School for the Deaf (White Plains)	0	15	165	100	280
Rochester School for the Deaf (Rochester)	4	5	120	42	171
St. Mary's School for the Deaf (Buffalo)	5	12	134	46	197
Cleary School for the Deaf (Lake Ronkonkoma)	0	15	85	0	100
St. Francis de Sales School for the Deaf (Brooklyn)	16	56	150	0	222
St. Joseph's School for the Deaf (Bronx)	12	34	148	0	194

Source: New York State Education Department

E. Language and Communication

The principal characteristics that distinguish deaf clients from clients with other disabilities are language and communication mode. Since many deaf persons learn to communicate by means of sign language, language and communication modes become central factors in the rehabilitation process. Special planning and coordination by OVR personnel is necessary.

Sign language differs from other languages in that it is a visual, not a verbal, language. Messages are conveyed primarily through the eyes rather than the ears. This important difference must be kept in mind when developing vocational plans, designing accessible programs, and administering all the services which concern deaf clients.

American Sign Language (ASL) is recognized as a separate language with its own grammatical principles. It is considered to be the native language of many prelingually deaf people. It is used by approximately one half million North Americans.

Other types of manual communication exist that either attempt to blend ASL with English (Pidgin Sign English), or to convert English to manual communication (Rochester Method, Signed English, Signed Exact English, Seeing Essential English, Linguistics of Visual English). Each method represents a distinctly different communication mode. Awareness of these differences, communication skills, and a willingness to communicate all help to overcome communication barriers.

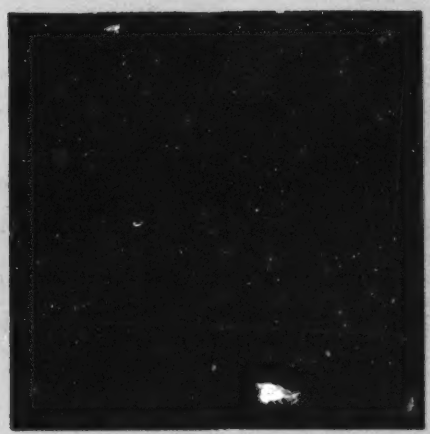
Differences in the acquisition and use of language raise important concerns in the field of rehabilitation. In some cases, for example, a deaf person's inability to use English fluently may be mistakenly used to underestimate that person's intellectual abilities. Yet studies have shown consistently that intellectual functioning is not dependent upon language capabilities. In spite of the language problem many deaf persons have achieved high levels of success in a wide variety of professions. Caution must be maintained in assessing the full range of abilities, skills, and interests of a deaf client, so that language and communication differences do not obscure or limit the client's potential for further education or vocational training.

Another important concern involves underestimating the full impact of severe hearing impairments on the life skills and abilities of many clients. The prelingually deaf person who has not had an opportunity to hear and understand the sounds of a spoken language usually tends to experience much difficulty in the acquisition and use of English. Even though many deaf persons are capable of achieving high levels of academic and vocational success, studies have shown that the average deaf 16 year-old has developed diminished reading, writing, and arithmetic skills. Many clients, therefore, experience significant problems when their jobs require simple computations or the reading of technical manuals, written instructions, or even the daily newspaper.

It must be remembered that each deaf client possesses a unique set of needs and abilities. The task of rehabilitation is to assist the client in overcoming barriers which prevent him/her from making gainful use of those abilities in the area of employment.

F. **Summary**

NYS OVR recognizes that the hearing impaired population in this State is large and diverse, and that a significant number of hearing impaired persons turn to OVR for assistance in overcoming disability-related obstacles to employment. Most obstacles involve communication problems due to differences in language capabilities and modes of communication. For this reason, specialized services must be planned and coordinated by OVR personnel in order to facilitate the delivery of quality services. This planning and coordination has never been more necessary than the present time when increased numbers of hearing impaired clients are expected to seek rehabilitation services.



The Rehabilitation Process

CHAPTER III

The Rehabilitation Process

A. Application

Application for services is the first step in the rehabilitation process. It is an important step because it requires the exchange of personal and factual information which will be used by client and counselor throughout the entire rehabilitation process. Therefore, it is necessary that such information be communicated in an effective and satisfactory manner, using the most appropriate communication methods and aids. It must be accomplished in an atmosphere which reflects personal rights and responsibilities.

Application and Interview	1. Initial contact with local OVR office
	2 Setting a mutually convenient date/time for first interview
	3. First interview, using an interpreter whenever needed by counselor or preferred by client
	4. Completion of application
	5. Case registration

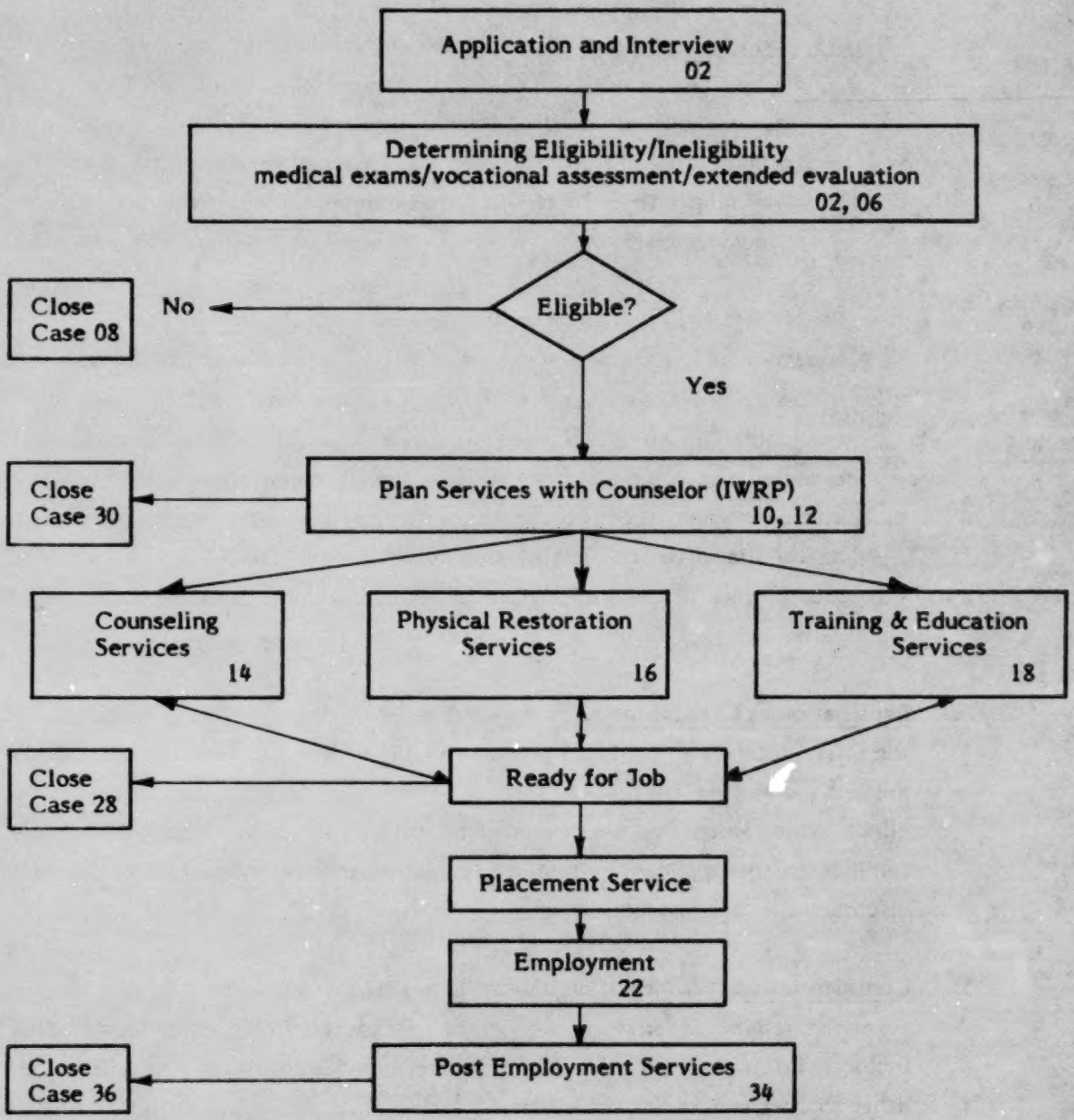
The following sections set forth principles and guidelines which must characterize the application process. Services must be accessible, clearly understood, and confidential.

1. **Communication Accessibility:** All OVR offices will be designed to provide accessible services to the hearing impaired applicants, and, particularly, to accommodate the various communication modes used by deaf clients. This will be accomplished in three major ways:

   a. All offices will have at least one rehabilitation counselor for the deaf who is knowledgeable about deafness and who is able to communicate with most deaf clients. Other key staff members, including senior counselors, interviewers, and receptionists, will be encouraged to receive training in the area of deafness and communication modes.

Figure 1

This chart identifies many of the steps in the rehabilitation process.



Note: numbers indicate case service statuses for reporting purposes only.

b. Interpreters will be used by OVR staff who are not fluent in manual communication, or in some cases at the request of clients who prefer using interpreters. Certified interpreters will be used whenever possible. Noncertified interpreters who have received professional interpreter training should be used whenever certified interpreters are not available. Both counselors and interpreters will assume responsibility for defining the roles of counselor-interpreter-client in counseling sessions.

c. Each OVR office will be equipped with at least one TDD/TTY (telecommunication device for the deaf) so that communication by means of telephone lines will be possible. This device will be made available to all staff needing such specialized equipment, especially counselors serving deaf or speech-impaired clients. Senior counselors, receptionists, interviewers, and secretaries should be familiar with the use of this device. The TDD/TTY must be located in a place that ensures prompt answering of all incoming calls.

2. **Explanation of Rehabilitation Process:** The OVR staff persons responsible for the initial interview of a hearing impaired applicant will make every effort to present a clear explanation of the rehabilitation process for the benefit of the client. This can only be accomplished by using communication modes that are familiar to the applicant. Descriptive materials may be used to supplement discussions and/or instructions.

3. **Confidentiality:** Information concerning persons who are applying for or receiving rehabilitation services will be held as confidential by OVR. This includes information provided by the client and information obtained from other sources concerning the client.

Confidential information will be used only for purposes connected with the administration of vocational rehabilitation services.

Confidential information shall not be disclosed to other persons except in the administration or provision of vocational rehabilitation services or with the informed, written consent of the client or the client's parent/guardian.

Confidential information may be released to clients under certain conditions. The client must submit a written request for such information. If the information is considered by OVR to be potentially harmful to the client, the information shall be released only to the client's parent, guardian, or other representative for review with the client. Information may be released to other individuals, agencies, or organizations as long as it is released for vocational rehabilitation purposes only, with the written consent of the client, and written assurance by the individual or agency that the information will not be released to any other party.

(See Commissioner's Regulations, section 247.4.)

4. **Client Responsibility:**

a. Whenever possible, clients should request in advance any appointments with OVR counselors or interviewers so that these appointments can be scheduled at mutually convenient times and interpreter service arranged.

b. Client must contact OVR if he/she cannot keep appointment.

c. Client must bring all requested information to the appointment.

Counselor Responsibility:

a. Arrange appropriate interpreter service, whenever necessary, for intake or counseling interviews.

b. Contact client if appointment must be postponed; reschedule appointment at a mutually convenient time.

c. Provide explanation of rehabilitation process which will include, when appropriate, visual aids..

B. **Determining Eligibility**

Eligibility for services is determined after a thorough examination of medical conditions and vocational potential. This step in the process may last an average of three months, depending on the availability of medical information, the ability to get medical appointments, the need for more information, etc. In some cases the

length of time for determining eligibility must be extended through a service called Extended Evaluation. In all situations, only the most appropriate tests and evaluations should be used to determine eligibility.

Counselors and clients should discuss the various responsibilities and requirements in this critical step of the process. It is important, for instance, for the client to understand that the counselor (together with senior counselor) must make the final determination of eligibility/ineligibility on the basis of agency guidelines and professional judgment. If the client, however, is not satisfied with this determination, the client can appeal this matter and ask for a review of his/her case. (See Appeal Process.) It is also important for the counselor to recognize the client's need to be informed of this determination, as well as the client's need to understand the basis for the counselor's decision.

Determining Eligibility

1. Medical exams
2. Vocational assessment
3. Extended evaluation (if necessary)

1. **Medical Exams:** Medical diagnosis of a client's disability must be obtained in order to determine eligibility. The following medical examinations will be used for this purpose:

a.	Otological exam:	to diagnose nature of disability and prescribe treatment, where indicated
b.	Audiological exam:	to determine degree and type of hearing loss and the need for hearing aids.
c.	General medical exam:	to determine whether other disabilities or medical problems are present. (This exam may be authorized separately or obtained from information contained in specialist exams or other medical reports.)
d.	Other specialty exams: (if necessary)	to examine other major disabilities for example, ophthalmological exam (eye disorder); psychological exam (aptitudes, interests, intelligence); psychiatric exam (mental health); neurological exam (physical movement and coordination) etc.

Certified or professional trained interpreters should be used when there is a need to facilitate communication between the client and the specialist at the medical examination. Interpreter service shall be provided according to the preference of the client. Since many medical specialists are not accustomed to using an interpreter in a medical examination setting and often are reluctant to discuss medical issues with a patient in the presence of a third party, it shall be the counselor's responsibility (and the interpreter's) to encourage and prepare the specialist in the proper use of an interpreter in diagnostic settings. Preparation of the client prior to the medical exam may also be necessary.

Secondary disabilities must also be thoroughly examined because of their potential impact on vocational planning and goals. Particular care and attention should be given to a hearing impaired client's vision, especially since a hearing impaired person relies on vision for communication.

The etiology and onset of the hearing disability, when known, may serve as an indicator to the counselor that other disabilities may present themselves as secondary conditions, if not at the present time, then possibly in the near future. For example, maternal rubella has been associated with visual disorders, heart disorders, emotional disorders, neurological conditions, mental retardation, and diabetes. A family medical history may also be helpful in identifying potential secondary conditions.

2. **Vocational Assessment:** A client's vocational potential must also be assessed prior to a determination of eligibility/ineligibility. This assessment must include assessments of one's communication skills, language capabilities, education (including vocational training), work history, social skills, as well as vocational aptitudes and interests. Vocational assessment shall be obtained from personal history, individual testing, and /or work evaluation programs.

It must be recognized that there are few tests and measurements standardized on a deaf population. For this reason, the more an assessment is based on observed skills and behavior in real work situations, the more valuable, generally, is the assessment.

Rehabilitation facilities and specialists with particular experience or knowledge in providing services to deaf persons should be utilized for diagnostic vocational evaluations (DVE). Where these special services do not exist, efforts will be made by OVR to encourage the development and improvement of such services according to community needs and resources.

Certified or professionally trained interpreters should be used in vocational evaluations where indicated.

3. **Extended Evaluation:** In some cases, the process of determining eligibility must be extended in order to obtain an adequate amount of information on which to make a fair decision regarding eligibility. Frequently, lower levels of language capability and communication skills, together with the presence of secondary disabilities, necessitate an extension of the evaluation process.

In light of the rubella-deafened population, many of whom are known to have severe and multiple secondary disabilities, an extension of the evaluation process is considered an important option in the diagnostic process. It shall be used in the degree to which it provides counselors and clients with sufficient information for determining eligibility/ineligibility.

4. **Eligibility Criteria:** The criteria for determining eligibility/ineligibility are the same for any applicant with a disabling condition. Eligibility is determined by (1) the presence of a physical or mental disability which for the individual constitutes or results in a substantial handicap to employment; and (2) a reasonable expectation that vocational rehabilitation services may benefit the individual in terms of employability (Section 7.1, N.Y. State Plan).

In order to establish eligibility on the basis of a hearing impairment, the following conditions must be met:

(a) the presence of a hearing loss of at least 40 db in the better ear. This is based on unaided audiometric testing using Speech Reception Threshold (SRT) or Pure Tone Audiometry (PTA) scores. (Air and bone conduction.)

(b) The presence of a vocational handicap which has been assessed by the counselor and which is otherwise documented in the client's record. This handicap will consist mainly of communication impairments which interfere with a client preparing for, interviewing or searching for, and/or performing suitable employment. The handicap may be characterized by limitations in the normal channels of information-gathering and learning, difficulties in the acquisition and use of verbal language, limitations in the acquisition of knowledge, impairments in normal communicative relations with society, and/or obstructions in the process of enculturation and adaptation.

(c) the probability that the client will benefit from specific services, and thereby receive assistance in finding or maintaining suitable employment, as determined by the counselor.

5. **Client Responsibility:**

a. Keep all medical appointments as soon as possible.

b. Be willing to discuss results of examinations and evaluations with OVR counselor.

Counselor Responsibility:

a. Notify client on the determination of eligibility/ineligibility.

b. Decide which medical exams should be required.

c. Provide interpreter service for medical exams, where indicated.

d. Refer ineligible clients to other agencies or services which may be of assistance.

C. **Services Through IWRP**

Most of the services which may be provided to eligible hearing impaired persons must be developed jointly by counselor and client, and must be expressed clearly in an Individualized Written Rehabilitation Plan (IWRP).

Such services generally fall into one of four types of service: counseling, physical restoration, training, and placement. Additionally, support services (especially interpreter and notetaker services) are provided to assist the client in gaining access to or benefiting from direct services. It is important that the hearing impaired client understand the terms, goals, reasons, and responsibilities expressed in the IWRP. It is also important that the hearing impaired client become an active participant in the development of his/her plan.

Plan Services with Counselor IWRP	1. Decide on vocational goal 2. Identify services required to achieve goal 3. Plan strategy and time table for services 4. Sign approved IWRP and keep a copy

1. **Counseling:** Counseling is the primary service provided by OVR. It is the principal means by which all other services are planned and developed. For this reason, the quality and availability of counseling services for deaf clients must be equivalent to that of counseling services for clients with other disabilities.

The Office of Vocational Rehabilitation recognizes that effective counseling is dependent upon four factors: (1) communication skills (techniques of signing, speaking, writing, etc.), (2) knowledge of deafness/hearing impairments; (3) experience; and (4) professional attitude. OVR is firmly committed to developing the competency of its counseling staff by means of in-service training, affirmative action hiring practices, and increased recognition of the role of Rehabilitation Counselors for the Deaf (RCD).

Certain principles must govern counseling sessions. The main principle is that the deaf client should have the right to suggest or indicate which method of communication is to be used at any given time during a counseling session. Such methods may include speech, lipreading, varieties of manual sign language, finger spelling, writing, reading, natural gestures, or pantomime. Qualified interpreters should be used by counselors not familiar with methods of signing, especially when a client expresses a preference for an interpreter.

Clients are not required to pay for counseling service or interpreter services for counseling sessions.

2. **Physical Restoration:** Perhaps the most common service under this category for hearing impaired clients is the provision of hearing aids. Not all hearing impaired clients, of course, can benefit from hearing aids. But for those who can benefit from properly prescribed aids, the value of this service ranges from improvement in speech perception and production to awareness of environmental sounds. Such improvement of hearing ability may have significant vocational implications.

It is important that clients receive adequate instruction from the audiologist on the use and care of hearing aids. This aspect of service is often overlooked in the development of the client's rehabilitation plan.

Surgery may sometimes be indicated. As in other services, the client should receive an adequate explanation of the nature of surgery, alternatives, and the limits of OVR responsibility.

Clients may be required to pay for services in this category, depending on the cost of services and personal resources.

3. **Education and Training:** The selection of education and training programs or strategies must be based on the demonstrated ability of the individual client and not on stereotyped goals or convenient opportunities. Underemployment of a deaf client often results from underestimating the learning and working potential of a person with communication differences. Thus, a wide range of training opportunities should be considered, including colleges, business or trade schools, sheltered workshops, on-the-job training, homemaker training, and driver education.

Counselors must be aware of the fact that many deaf clients have limited experience and skills to draw upon when selecting vocational goals and appropriate training. Communication barriers may reduce the amount and type of information which deaf persons accumulate over the years regarding all aspects of career selection. Orientation to occupations and training programs must be recognized as an essential part of planning and preparing for vocational training.

Support services relating to training must be considered and incorporated into the IWRP, where appropriate. Such services may include interpreter service, notetaker service, tutoring, remediation and/or counseling.

4. **Placement:** Counselors must be sensitive to a variety of factors with respect to preparing the deaf person to enter the employment world. Placement service requires the counselor to educate employers regarding deafness in general and on the unique competencies of the deaf person being considered for a given position in particular. This includes providing employers with information such as the successful job accommodation of deaf people, a description of effective ways to communicate with deaf individuals and development of interest, on the part of fellow workers, to learn basic sign language skills. These, and other strategies, can facilitate a deaf person making successful adjustments to the work environment.

Preparing a client for employment should involve the usual coaching regarding appearance and behavior during interviews. But, counselors should be aware of common difficulties in completing application forms and understanding the formal (benefits, unions, etc.) and informal (cliques, customs, etc.) aspects of employment. Adequate orientation to specific employers and frequent follow-up visits ensure more successful placements.

The use of interpreters for initial job interviews and/or training is an important support service. Most employers and some deaf clients need to learn how to use an interpreter in such situations.

Clients are not required to pay for placement service.

5. **Support Services:**

Interpreter Service

OVR counselors shall arrange and pay for interpreter service only for clients of OVR and only if the service is necessary for the client to participate in other OVR service. There are many situations in which qualified interpreters can facilitate communication between clients and counselors in the rehabilitation process: a meeting at the OVR office; a job interview; medical examination; employment testing; college course; on-the-job training; etc.

The interpreter's role in any situation is to facilitate communication. The interpreter accomplishes this by enabling each person to communicate in his/her native language or communication mode. The interpreter will convey the spoken message of a hearing person through manual signs or lip movements, and convey the sign and oral message of a deaf person through voice.

The interpreter must work only as a communication facilitator. For this reason, the interpreter should not be expected to offer his/her personal opinions before, during, or after the dialogue between counselor and client. The interpreter, instead, must perform his/her job according to an OVR - recognized code of ethics, such as the Registry of Interpreters for the Deaf (RID) code of ethics (see Appendix C).

The following guidelines define an order of priority in the selection of interpreters for client services. In all cases, the OVR counselor is responsible for the selection of interpreters who are best able to meet the needs of the hearing impaired client, the hearing consumer, and the demands of the setting (classroom, training, mental health, etc.):

- Certified interpreters should be selected first whenever possible. This priority is required by the Commissioner's Regulations (Section 247.15 (d)(12).
- When certified interpreters are not available, noncertified interpreters who have received OVR - recognized professional interpreter training shall be selected.
- When noncertified interpreters with professional training are not available, interpreters who have demonstrated an ability to interpret and translate both expressively and receptively at a level appropriate for OVR settings (i.e. job interviews, evaluations, tutoring sessions, etc.) should be selected. The counselor may consult a local R.I.D. chapter or a certified interpreter for assistance in determining the appropriateness of such interpreters.
- A person who does not meet any of the above conditions should not be selected as an interpreter.

Note: The Rehabilitation Counselor(s) for the Deaf (RCD) in each office should be viewed by the OVR counselors as an in-office resource on matters pertaining to services for deaf clients. An RCD can be of assistance to other counselors who are responsible for selecting interpreters according to the above guidelines.

Payment for interpreter service is determined on an ascending pay scale according to levels of certification. Rates of payment are established by the Office of Vocational Rehabilitation with the approval of the NYS Division of the Budget. Clients are not responsible for payment of interpreters.

Notetaker Service

Notetaking is a support service which assists a client in getting a more accurate and informative account of classroom, and other group, discussion. It may be used as a primary support service, particularly by oral deaf persons relying on lipreading and residual hearing. Or, it may be used as a secondary support service, supplementing information acquired through the use of an oral/manual interpreter.

In many group situations, the presence of both an interpreter and a notetaker is required. For individuals who are using vision as their main mode of communication, it is extremely difficult to watch an interpreter and to write meaningful notes at the same time.

A notetaker should perform the following recommended functions:

- o Assess client's need for notes
- o Take clear and accurate notes
- o Follow-up with client to clarify notes, to add examples, and/or to define vocabulary.

6. **Adaptive Equipment:** Telecommunications and sensory devices may be provided to clients under certain conditions in order to assist clients in obtaining or maintaining appropriate employment. Clients must be eligible for services; examination of client financial resources must indicate that client needs financial assistance; the service must be included in an IWRP; justification that a device is an essential means for client to find or maintain employment must be documented. Adaptive equipment includes devices such as telecommunication devices (TDD/TTY), bed vibrators, flashing alarm clocks, low vision aids, telephone amplifiers, and other assistive equipment.

7. **Post employment Service:** The deaf client's need for postemployment service should not be overlooked. The need for additional assistance to preserve one's job may become the most critical element in the rehabilitation process. Such assistance is generally short-term service designed to overcome a specific problem. Interpreter service is perhaps the most common need and is usually requested so that the client can receive additional training or clarify personnel issues.

8. **Client Responsibility:**

   a. Communicate with counselor on a regular basis, or at times specified in IWRP, regarding vocational progress and goals. Regular contact with counselor can be done by face-to-face meetings, letters, TTY/phone calls, etc.

   b. Sign and return forms to OVR counselors as requested.

   c. Notify counselor whenever major changes occur in plans or program.

   d. Keep copies of IWRP's.

Counselor Responsibility:

   a. Explain IWRP in terms and in ways that are understood by client.

   b. Notify client regarding agency policy changes which affect client's case.

   c. Provide necessary support services for plans included on IWRP.

D. Linkages with Schools

Schools represent a primary referral source for OVR counselors. In this regard, efforts must be made by OVR District Offices to establish formal and informal lines of communication with school officials and Committees on the Handicapped (COH); to develop ways in which information contained in an IEP and IWRP can be used to supplement each other; and to provide appropriate intervention services which supplement, and not substitute for, educationally based services.

E. Appeal Process

If a client of OVR is dissatisfied with service provided by OVR (e.g., a decision by an OVR counselor), then he/she has the opportunity to express this dissatisfaction and seek a reasonable solution through an "appeals process." This process begins with an informal review of the client's case and proceeds through more formal and higher level reviews until a solution is achieved. The process itself may be summarized by the following steps:

1.	Initial Review	(Senior Counselor)
2.	First-level Administrative Review	(District Office Manager)
3.	Second-level Administrative Review	(OVR Assistant Commissioner or Regional Director)
4.	Fair Hearing	(Hearing Officer)

Each level of appeal must be completed before proceeding to the next higher level, with the exception of the Initial Review, which may be waived by the client.

Interpreter services shall be provided (if required) at each level of the appeals process at no cost to the client.

Clients have the right to the following services:

1. To request and receive prompt review of case
2. To be informed, at the beginning of the rehabilitation process and at other appropriate times, of the procedures for starting and participating in the appeals process.

3. To receive all necessary assistance in the appeals process, especially interpreter service.

F. Cost of Services

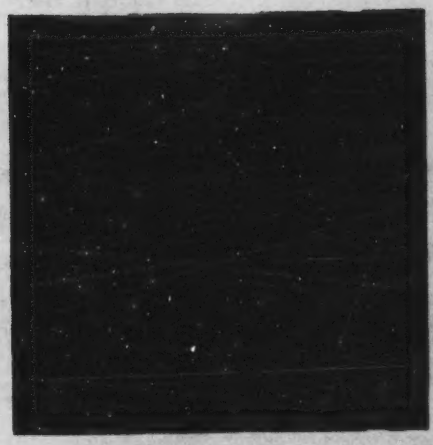
It is the general policy of OVR that clients are expected to pay for services to the extent that they are capable of paying. Clients may pay for all, part, or none of the costs of services, depending on their income and resources. For this reason, counselors must request information on income and resources at various times throughout the rehabilitation process.

There are some services which are provided at no cost to clients. These services usually involve diagnostic or support services.

Examples of services which depend on a client's economic need and those which do not are listed below. Since each client's situation and need is unique, further information must be obtained from the OVR counselor.

OVR SERVICES

No Cost to Client	Depend on Client's Financial Resources
Interpreter Service	Tuition, Books, Fees
Notetakers	Room and Board
Counseling	Hearing Aids
Job Placement	Vocational Training
Diagnostic Tests	Tutoring
Medical Exams	Telecommunication devices



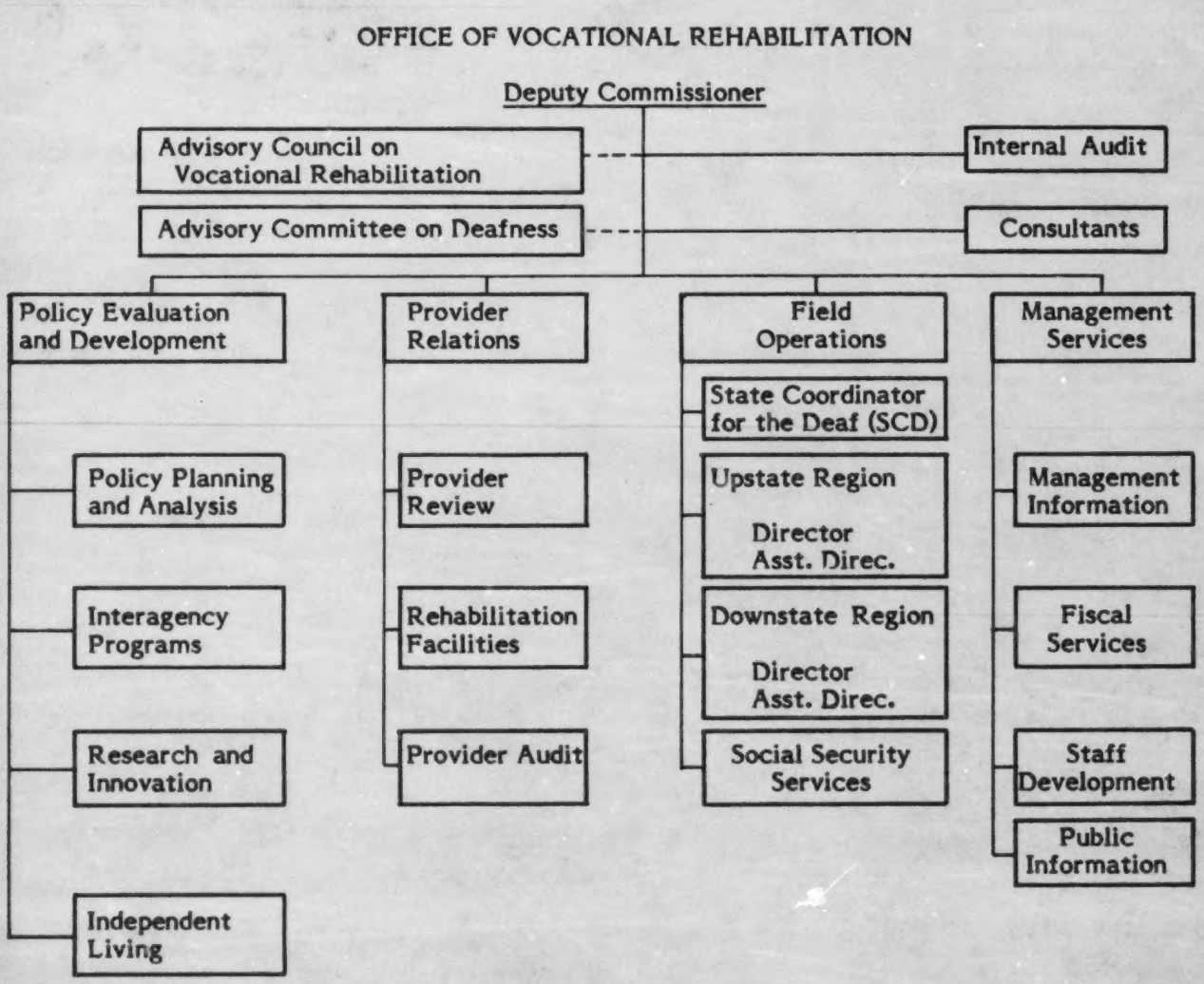
Personnel

CHAPTER IV

Personnel

A. The State Coordinator for the Deaf (SCD)

The OVR State Coordinator for the Deaf (SCD) is a ranking Central Office administrator within the agency's Division of Field Operations. The Coordinator answers directly to the Assistant Commissioner, and works closely with Regional Directors of District Offices. This arrangement offers the advantage of placing the influence and responsibility of the SCD within the agency's service delivery component. It focuses the role of the SCD on client services.



B. **Functions and Qualifications Associated with Office of State Coordinator for the Deaf**

1. Functions

a. Identifies needs, coordinates program planning, and recommends policy for the development of quality agency services.

b. Assists in recruiting qualified personnel.

c. Responsible for developing inservice training on deafness in cooperation with the Bureau of Staff Development and Training.

d. Provides ongoing consultation and direction to all phases of the State Agency's programs which have bearing on the quality and quantity of services provided to deaf persons, including direct asssistance to district managers and their counselors in finding solutions to the unresolved problems of service delivery to deaf clients and to expanding rehabilitation services.

c. Responsible for regularly scheduled information-exchange meetings of staff serving deaf clients.

d. Acts as a consultant to agency officials responsible for grant and legislative proposals relating to deafness.

e. Provides consultation to the deputy commissioner on the composition and function of the Advisory Committee on Deafness and serves as liaison to the Committee.

f. Stimulates, through technical assistance and other means, existing community resources to develop programs for deaf clients which supplement VR services.

g. Maintains lines of communication for exchange of information between the deaf community and the State agency.

h. Reviews and evaluates plans, guidelines, and recommendations for the rehabilitation of hearing impaired persons on an annual basis.

i. Acts as a liaison with specialists on deafness in all sectors of public and private service.

2. Qualifications

a. Ability to relate and communicate with the hearing impaired population on an effective and meaningful basis.

b. Conviction about and commitment to the goal of quality services for hearing impaired clients.

c. Knowledge and understanding of the disability.

d. Knowledge of existing community resources and the necessary skills to relate these resources to the rehabilitation needs of hearing impaired clients.

e. Advanced education in a related field and significant, relevant experience in the delivery of vocational rehabilitation services to hearing impaired persons.

C. Functions and Qualifications Associated with Position of Rehabilitation Counselor for the Deaf (RCD)

In the New York State Office of Vocational Rehabilitation, the term RCD signifies a counselor who (1) meets Civil Service qualifications for the position of vocational rehabilitation counselor; (2) has developed special communication skills; (3) has received training and has gained knowledge in the area of deafness; and (4) has responsibility for a case load which includes a significant number of deaf clients.

Functions of RCD

1. Perform counseling and case management duties according to OVR Regulations in the same manner as other OVR counselors, with special attention to rendering services accessible to hearing impaired clients.

2. Participate in regularly scheduled meetings of RCD's under the direction of the State Coordinator.

3. Seek opportunities to improve communication skills and knowledge of deafness.

4. Act as liaison to the local deaf community.

5. Act as a resource person to other counselors and staff members needing assistance or advice.

Qualifications of RCD

1. Meet Civil Service criteria for position of vocational rehabilitation counselor.

2. Ability to communicate with most deaf clients, including those who do not use manual communication, or willingness to develop a high level of communication skills.

3. Knowledge of deafness, and deaf-blindness, its psychological, social, educational, and vocational aspects. Such knowledge should extend across the full range of deaf persons.

4. Ability to work cooperatively with other programs to assure deaf clients coordinated, integrated services.

Factors which impact on RCD Functions

1. The development of manual sign language skills is a long-term process requiring direct contact with deaf persons, in addition to any formal classroom training. Knowledge of deafness and sensitivity to communication barriers also require extensive experience with deaf persons themselves.

2. Communication with deaf clients often involves time-consuming activities. For example, interpreter service must often be arranged; interviews tend to be longer due to care taken to convey messages clearly and intelligibly; TTY phone conversations demand more time due to variations in typing speed and reading speed; more written communication must be used to convey infor-

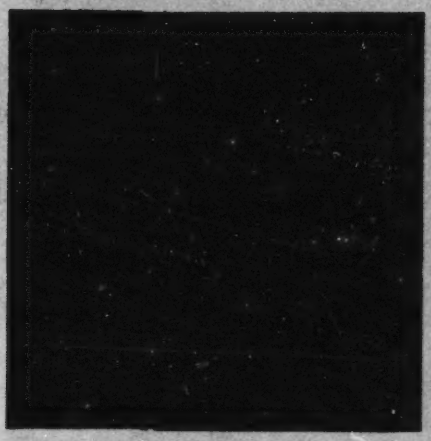
mation accurately; unscheduled meetings occur more frequently due to limited communication networks available to client and counselor; some deaf clients have no communication skills and only minimal language ability, thus requiring lengthy interviews and plan development.

3. Adequate community resources are often lacking. The RCD needs to develop community support systems where they are lacking, and needs to educate potential resources for the benefit of clients. Few facilities have staff skilled in manual communication and knowledgeable on deafness. Interpreter service is often lacking.

4. Traditional methods of informing the community on the availability of OVR services are often not effective with deaf persons. Greater efforts must be made to overcome the communication barriers which prevent individuals from knowing that services exist and that those services are accessible.

5. Placement services often demand more time and effort. Frequent visits to the job site are often required as part of the RCD's follow-up responsibilities, in order to facilitate communication between client and employer and to insure client adjustment to work demands.

6. RCD must often accompany client to routine visits at facilities, agencies (e.g., Department of Social Services (DSS), Social Security Administration (SSA) etc.), schools, and other providers to facilitate communication and advocate for client.



Advisory Committee on Deafness

CHAPTER V

Advisory Committee on Deafness

NYS Office of Vocational Rehabilitation

The Office of Vocational Rehabilitation recognizes a need to incorporate consumer guidance in the development of agency policies and programs relating to rehabilitation of hearing impaired persons. For this reason, an Advisory Committee has been appointed by the deputy commissioner of OVR. This Committee directed its initial efforts toward the preparation of a planning document for the rehabilitation of deaf clients, and thereafter assist the agency through an advisory process on matters concerning the implementation of this Plan.

The Advisory Committee is a consumer-oriented group of deaf and hearing persons who represent the concerns of hearing impaired persons in need of rehabilitation services. Committee members are selected on the basis of their involvement in community affairs, their sensitivity to the needs of OVR clients, and their ability to reflect different aspects and viewpoints of the hearing impaired population.

The following functions constitute the Committee's role as advisors to the Deputy Commissioner of OVR and to the State Coordinator for the Deaf:

1. Assist by reviewing descriptions of OVR policies, rehabilitation principles, and existing services relating to deaf clients;

2. Make recommendations regarding the preparation and implementation of plans and guidelines for the rehabilitation of deaf persons.

3. Assist OVR in obtaining information on the size and characteristics of the population and on the ramifications of deafness and other hearing impairments.

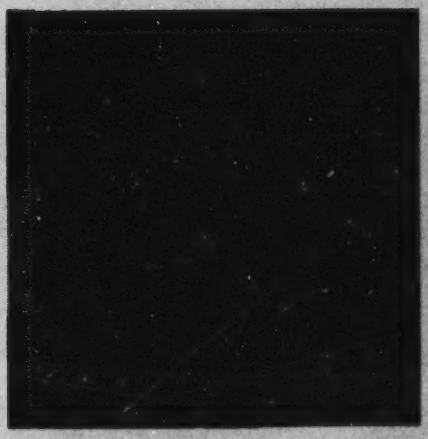
4. Assist in identifying statewide and local needs for service to hearing impaired clients and in establishing priorities among needs;

5. Assist in identifying resources which can be used to enhance existing services or to create new services for hearing impaired clients;

6. Reflect, to the extent possible, the needs and opinions of the hearing impaired community, parents, professionals, employers, and service providers on matters relating to vocational rehabilitation;

7. Facilitate communication between OVR and the hearing impaired community.

8. Advise and consult on proposed legislation which may be of special concern to hearing impaired persons.



Interagency Cooperation

CHAPTER VI

Interagency Cooperation

A. Introduction

The Office of Vocational Rehabilitation, historically, has been a primary provider of services to the adult hearing impaired population. Recognizing the limits of its scope and resources, however, OVR has tried to find ways of combining its resources with the resources of other agencies for a more efficient and improved delivery of services. Legal and fiscal constraints demand that cooperative planning and activity occur. Through cooperative programs and agreements, OVR has made progress in resource-sharing.

Focusing on vocational services leading toward employment, OVR intends to strengthen its mission to provide proper vocational services in two ways. OVR will continue to make use of all other resources available to clients (e.g., medicaid, Tuition Assistance Program (TAP), Social Security Income (SSI), etc.), enabling OVR to extend its services to a greater number of clients. OVR will also assist deaf clients in finding and using other agency programs by providing appropriate information and referral services.

B. Cooperative Agreements

1. Current Agreements

The State Education Department/Office of Vocational Rehabilitation has developed formal agreements with other public and private agencies in order to ensure comprehensive, continuous, effective and efficient delivery of rehabilitation services. These agreements have promoted improvements in the coordination of the human service delivery system.

The formal agreements developed by OVR in conjunction with other agencies take the form of either Cooperative Agreements or Memoranda of Understanding. The distinction is related to the nature of the second party. Cooperative Agreements involve other State agencies. Memoranda of Understanding involve private organizations which represent, on a statewide basis, the concerns of its disabled constituents.

The intent of these agreements is to give a broad structure within which specific services and fiscal responsibility can be identified (Cooperative Agreements), and to provide structure for addressing the concerns of disabled persons (Memoranda of Understanding). Agreements describe the legal authority, mission, services, and referral process of both parties.

The State Education Department/OVR has developed Cooperative Agreements with the following state agencies:

NYS Department of Mental Hygiene (DMH),
Office of Mental Retardation and Developmental Disabilities (OMR/DD)
NYS Department of Mental Hygiene (DMH),
Office of Mental Health (OMH)
NYS Department of Mental Hygiene (DMH),
Division of Alcoholism and Alcohol Abuse (DAAA)
NYS Department of Labor (DOL)
NYS Department of Mental Hygiene,
Division of Substance Abuse Services (DSAS)
NYS Department of Social Services (DSS)

The State Education Department/OVR has developed Memoranda of Understanding with the following organizations:

NYS Chapters of the National Multiple Sclerosis Society (MS)
Veterans Administration (VA) Regional Offices in Buffalo
and New York City
New York State Epilepsy Association

2. Guidelines for Interagency Agreements

The following guidelines pertain to the rights and needs of hearing impaired persons who are affected by the development of interagency agreements. These guidelines should be followed in the revision of current agreements and in the development of future agreements:

a. References to the term "accessibility" should state clearly that provisions to overcome "communication barriers," as well as "architectural

barriers," must be made. Recommended means for accomplishing this should include staff capable of communicating in the client's communication mode, qualified interpreters, and telecommunication devices for the deaf.

b. The "Services" section of each agreement should include statements regarding interpreter service and telecommunication devices, both of which are listed within the scope of vocational rehabilitation services defined by federal law (PL 93-112 section 103(a)(6)(11)).

c. The "Referral" section of each agreement should state that interpreter service is a frequent requirement in the referral process. Statements regarding the availability and financial responsibility of this service should also be included.

d. A statement regarding the limits of OVR responsibility in the area of interpreter service and other support services, and a recommendation that other agencies define their own limits of responsibility, should be included in the section on "major responsibilities."

e. In the development of Cooperative Agreements and Memoranda of Understanding, the State Coordinator for the Deaf should be given the opportunity to review proposed documents for the purpose of making meaningful recommendations relating to services for hearing impaired persons.

Four important laws, among others, form the basis on which cooperative programs and agreements are developed. These laws are referenced here to stress the significance of achieving accessible programs and services.

Title VI, Section 601, of the Civil Rights Act of 1964 -- No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

Title IX, Section 901, of the Education Amendments of 1972 -- No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any educational program or activity receiving Federal financial assistance. (See also, P.L. 94-142, "Education for All Handicapped Children Act of 1975.")

Title V, Rehabilitation Act of 1973, especially Section 504 -- No otherwise qualified handicapped individual in the Unites States ... shall, solely by reason of handicap be excluded from the participation in, be denied the benefit of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.

New York State Human Rights Law: The Human Rights Law prohibits discrimination based on disability in employment, training programs, public accommodations, housing and nonsectarian, tax-exempt education.

C. Cooperative Programs

OVR has initiated and participated in many cooperative programs with other public and private agencies. Regarding services for hearing impaired clients, OVR continues to be involved in some notable programs that successfully blend resources and generate quality services. These exemplary programs are described below.

Special Schools for the Deaf: Since 1975, OVR has assigned counselors to three residential schools for the deaf: Lexington School in Queens, St. Mary's School in Buffalo, and New York State School for the Deaf at Rome. These counselors are assigned to the schools on a full-time basis and utilize office space provided by the schools. The presence of OVR counselors on campus has created an important link between the educational and rehabilitation processes.

Rockland Psychiatric Center: A full-time OVR counselor has been assigned to Rockland Psychiatric Center and Psychiatric Institute since 1976. This Psychiatric Center was one of the first facilities to provide specialized services for the deaf persons. The OVR counselor facilitates the integration of psychiatric treatment and vocational rehabilitation services on an inpatient and outpatient basis.

CETA Youth Program: OVR counselors at the Rochester, Utica and Albany OVR offices have worked in conjunction with CETA officials, school representatives, and other facility personnel to operate summer employment programs for deaf youths. These programs have been supported by OVR and CETA funds. Cooperative planning and resource-sharing have produced valuable work experiences for deaf clients.

There are many other programs and contractual arrangements across the State which are operated in the same spirit of cooperation and coordination. The above programs represent successful models of integrated planning and programming.

D. Other Specialized Programs

Many rehabilitation facilities in the State have developed or plan to develop specialized programs and services as a component to a more general human service mission. It is OVR's recommendation that programs and services operated by rehabilitation facilities for the benefit of hearing impaired persons should strive to incorporate and practice the following principles:

- Programs and services should be accessible to hearing impaired persons. Efforts should be made to remove communication barriers and attitudinal barriers which may prevent hearing impaired persons from deriving the full benefit of facility programs and services.
- Facilities should be selective in their use of interpreters who are hired to facilitate communication between staff and clients for program purposes. Only qualified interpreters should be used.
- For emergency purposes, proper warning devices should be installed and clear procedures should exist which accommodate the need of auditory/visually impaired individuals.
- Vocational evaluation programs must provide for the communication needs of clients. Evaluators should be capable of assessing personal data of clients (including language development, nature of disability, socialization, etc.), should be aware of the limitations of standardized testing in reference to deaf clients, and should be experienced in developing realistic goals with deaf clients.
- Staff persons must maintain confidentiality of client records and information, and must be sensitive to the fact that such confidentiality can easily be betrayed through visual means.
- Whenever possible, advice on the design and operation of facility programs should be obtained from hearing impaired persons themselves, whose special knowledge and sensitivity to matters concerning sensory impairments can be quite resourceful.

OVR and The Deaf Community

CHAPTER VII

OVR and The Deaf Community

A. Introduction

Throughout the years there have been many OVR programs developed and designed for the benefit of individual clients or groups of clients. Some of these programs have had a positive impact on the general community of deaf persons. This has been due, in part, to the fact that the deaf community itself has encouraged and supported these programs. This chapter, then, attempts to describe exemplary programs in New York State and to suggest ways in which OVR can continue to be involved with the deaf community.

The term "deaf community" has many definitions. It sometimes is used to refer only to deaf persons who communicate in American Sign Language (ASL) and who socialize with each other at local deaf clubs. In this document, however, the term has a more global meaning. The deaf community is considered to be comprised of a variety of individuals and groups identified by one or more of the following:

- Deaf persons themselves, possessing a variety of communication skills, representing different ethnic, racial, and religious groups; presenting a generic hearing impairment ranging from hard of hearing to profoundly deaf; and including those who were born deaf and those who became deaf later in life.
- Parents of deaf persons
- Professionals working with deaf people, especially counselors, teachers, therapists, etc.
- Public and private agencies providing service to deaf persons
- Public officials/legislators
- Employers of deaf persons
- Advocacy groups for persons with disabilities
- Other persons interested in learning sign language and in acquiring knowledge about deafness

The overall purpose of the deaf community is that of enabling deaf persons to gain access to the larger general community and to live as independently and productively as possible. Some OVR-sponsored programs designed for this purpose include:

B. **Programs:**

Interpreter Referral Service

OVR has supported the development of interpreter referral services on a statewide basis. Since 1975, OVR has provided financial assistance enabling the New York Society for the Deaf to operate this service for the benefit of OVR clients in the New York Metropolitan area. Since 1980, with the assistance of the New York Society for the Deaf, OVR has supported the establishment of referral services within the independent living centers located in Rochester and Albany. The establishment of additional referral services in other major population areas is currently under consideration. Community response to the existence of this valuable service has been very positive and promising.

Independent Living Centers

New York OVR was actively supporting the development of independent living centers prior to the passage of PL 95-602. Through the use of Innovation and Expansion grants, OVR provided financial assistance to centers which offer services to severely disabled persons, including deaf persons. In 1979 OVR supported the development of two additional centers through Title VII funding. At this time, nine (9) centers are in operation across the State, and additional centers are in the planning stages of development. (See Chapter IX.)

The existence of independent living centers has provided a much needed service for OVR clients and for individuals who do not participate in the OVR system. The provision of information/referral services, advocacy, transportation, and housing assistance has benefited many severely disabled persons in the community.

Relay Answering Service

OVR has subsidized the development of a telecommunications relay answering service in the Rochester, New York, area. During fiscal years 1980-81 and 1981-82, OVR provided funding that enabled "Hi-Line" to meet community needs for telephone communication through the operation of a third-party answering service. The operation of this program has been very successful in terms of improving communications between deaf and hearing persons and in terms of documenting the need/demand for such service.

"Hi-Line" in the Rochester area has truly been a community program. It has promoted the development of a TTY/TDD network, demonstrated the usefulness of a third party answering service, and encouraged the use of TTY/TDD for business, medical and social purposes.

Rehabilitation Counselors for the Deaf (RCD) and Other OVR Personnel

The involvement of many OVR personnel in community affairs, particularly involvement on behalf of hearing impaired persons, should not be overlooked. Reference is made to the many hours of "extra" service provided by staff who volunteer their time and talents in professional and community organizations concerned with hearing impairments.

C. Guidelines for Future OVR Community Involvement

1. Whenever possible and appropriate, OVR should continue to support and promote community-based programs which benefit both clients and other members of the deaf community.
2. OVR should implement affirmative action policies which enable qualified deaf persons to compete for agency positions.
3. OVR should develop materials which explain agency programs and services in language and in ways which can be appreciated by all members of the deaf community.
4. Deaf persons should be involved in agency in-service training, whenever appropriate, to assist agency personnel in developing a better understanding of the needs of deaf consumers in the rehabilitation process.

5. OVR staff should become involved in activities and events occurring in the deaf community, such as deaf club meetings and social events, so as to enhance staff knowledge and communication with members of the deaf community.

Independent Living Services

CHAPTER VIII

Independent Living Services

A. Introduction

The passage of Public Law 95-602, entitled the "Rehabilitation, Comprehensive Services, and Developmental Disabilities Act of 1978," enabled states to develop comprehensive services for independent living. Using funds appropriated under Title VII of this Act to supplement existing Title I funds, New York State OVR encouraged the design and development of nine initial project centers across the state for the provision of independent living services to severely disabled persons, including deaf persons.

The limited availability of Federal funds has restricted the growth of independent living centers nationwide. During June 1982, however, Governor Carey signed legislation which provided New York State funds for the continuation of existing centers and the establishment of nine additional centers.

Independent living centers in New York are non-residential service centers. Persons seeking services are not required to be OVR clients. Independent living is a program of services for severely disabled individuals who, through those services, can exercise more freedom of choice and control over their own lives. These independent living services include a focus on needed changes in the environment - housing, public buildings, job modifications and the like - if the individual is to participate fully in society.

Unlike established service delivery systems for the disabled which are based upon professional service workers, independent living programs are based upon a peer approach to service delivery. This peer approach is a necessary adjunct to the rehabilitation process, in which a severely disabled person who has made a successful transition from institutional to independent community living provides resource information, support, understanding and direction to another disabled person who desires to make a similar transition. A peer can facilitate independence by drawing upon personal experience to provide practical information and assistance in the acquisition and application of problem solving skills. Severely handicapped individuals are also involved to a substantial degree in the policy direction, management and staffing of each center. The majority of members of the directing

boards and advisory committees for centers are consumer members with severe disabilities.

As its ultimate objective, independent living rehabilitation should enhance the ability of persons with severe disabilities to determine their own destinies, to participate in all aspects of society, and to contribute to, as well as share the responsibility in, community life. Positive outcomes of independent living services might be observed in an individual's functioning in the home, community, and work place. Independent living is a new program designed to serve many individuals who previously were excluded from vocational rehabilitation as a result of the vocational feasibility test. Independent living services can contribute to the development of vocational capabilities in many individuals.

B. Basic Services

All independent living centers offer a full range of services and are equipped with TTY's. Because each program is community based, service components are developed in response to the needs of the community in which it is located. In fact, centers for independent living provide direct services only if needed services are unavailable under any other funding source. Therefore, not all programs have identical service delivery systems, although each provides the following core services:

1) Peer Counseling

All nine independent living programs employ full-time peer counselors, all of whom are disabled. Some of the programs, in addition to the full-time peer counselor, utilize part-time peer consultants and part-time volunteers. Areas of counseling may include financial benefits, self-advocacy, sexuality, housing assistance, and adjustment to disability.

Peer counselors may provide counseling on a one-to-one basis or in a group. Most of the independent living programs run groups, the focus of which depends upon the needs of the people involved. For example, support groups exist for newly disabled people at a rehabilitation hospital, for persons with hearing impairments, for persons with cerebral palsy, for disabled teenagers, and for disabled men, disabled women and parents of disabled children.

2) **Housing Assistance**

Finding suitable housing for individuals with disabilities is sometimes very difficult. Most programs maintain an updated list of apartments that are, or have the potential to be made, accessible to mobility impaired and hearing impaired persons. Individuals are encouraged to apply for Section 8 and other rent subsidy assistance.

The independent living programs have used a variety of means to find suitable housing. Several of the programs have been working with real estate brokers to establish a referral system should a realtor locate an accessible or potentially accessible residential dwelling.

In addition to maintaining lists of accessible apartments, most programs provide consultation on architectural and communication barriers as well as home modifications. Staff may provide technical assistance to real estate developers in the potential construction of accessible housing, or they may visit a disabled individual's home to recommend modifications to fit the particular person's needs. Some programs utilize consulting architects to facilitate major home modifications, while others employ disabled people who have many years of work experience with architectural modifications. Information on telecommunication and sensory devices may be obtained at each center.

Information And Referral

All programs have developed an information and referral system. This includes a resource library which is updated regularly. Although the directories developed by each of the nine programs differ, most of them include information on equipment maintenance and repair, housing benefits, accessibility, education, law and legislation, recreation, sexuality, publications for the disabled, transportation and agencies serving the disabled. The directories, in addition to giving addresses, list specific people to be contacted. Having a contact person facilitates the referral process for the consumer and makes it easier for the center to do follow-up. The existence of TTY's at each center makes it possible for deaf persons to obtain information directly by phone.

3) **Service Referral**

The centers provide interpreter referral services for hearing impaired people. Some centers have developed highly professional interpreter referral services and work closely with local chapters of the Registry of Interpreters for the Deaf (RID). To date, the centers in Rochester and Albany have developed such programs. Additionally, the centers provide information on notetakers, tutors, attendants, and readers.

4) **Advocacy**

Advocacy services to individuals are provided by each of the projects to advise consumers of their legal and economic rights, particularly as they relate to financial benefits such as Social Security, Medicaid, and Vocational Rehabilitation. Advocacy is often incorporated into the general service plan of many clients, especially those who have broad, long-range goals. Staff members who deliver advocacy services thoroughly explain the process involved and hence many individuals learn the skill of self-advocacy during the provision of the service itself.

In addition to individual advocacy, each center provides general advocacy services on behalf of their clients in the community in which it is located. By working with community agencies, corporations, service providers, housing developers, and the like, the centers increase community understanding of the problems of severely disabled persons as a group.

5) **Special Transportation**

The special transportation services at the six projects which have vans have been heavily utilized because of the lack of accessible mass transit systems. The van at each center is used mainly to transport persons with mobility impairments to and from the center for services. Transportation is also provided for other services if those services will enhance a person's independent living goal.

6) **Independent Living Skills, Counseling And Training**

Several of the programs have developed independent living training manuals. The manuals vary from center to center, but include topics such as money management, mobility training, personal hygiene, meal planning, wheelchair maintenance, leisure time management, and assertiveness training. Instructions in independent living skills may be given by a peer counselor who shares the knowledge gained from similar experiences. The centers also employ consultants on an as-needed basis for those topics which require special expertise. Instruction is given on an individual basis or to a group of consumers.

7) **Equipment Maintenance And Repair**

The programs have used a variety of methods to provide disabled consumers with equipment maintenance and repair services. Most centers hold classes in wheelchair maintenance, using a book written by the staff from one of the programs. Many of the programs have loaner equipment which can be used by disabled people when repair of their own equipment requires an extended period of time. One center has negotiated a group rate with an existing service provider for the repair of equipment.

8) **TTY Relay Service**

Each of the centers is equipped with a TTY for incoming and outgoing calls to the hearing impaired community. In addition, centers will relay messages between hearing and hearing impaired persons.

In addition to providing the direct services listed above, all centers make every effort to ensure that severely disabled clients receive all services and benefits for which they are eligible. Each center has in place mechanisms for utilizing resources available through the Department of Social Services, Housing and Urban Development, Office of the Advocate, Action, and the Office of Vocational Rehabilitation. The centers have also individually developed linkages with local agencies and interagency groups. Since the beginning of the project period, approximately 300 cooperative agreements between the centers and other community agencies have been established.

Community education has also been a priority activity at all of the centers. Center directors and staff members have addressed consumer and professional organizations and university classes, and appeared on local television and radio talk shows in order to increase the public awareness of the disabled community and to locate severely disabled people who were not previously being served. The centers have provided in-service training to other service providers, both public and private, to improve the coordination of services and mutual referral systems. In addition, seven of the centers have monthly newsletters, the circulation of which ranges from several hundred to several thousand.

C. **Guidelines**

OVR recognizes its responsibility to influence the scope and quality of services provided by the independent living centers. For this reason, the following guidelines relating to hearing impaired clients are set forth in this document for the benefit of existing and planned centers, as well as for the benefit of those who are eligible to receive services.

1. As consumer-oriented agencies, independent living centers must provide for the integral involvement of hearing impaired persons on boards of directors and on staff.

2. Centers should maintain strong lines of communication with local organizations, agencies, and individuals representing the interests of hearing impaired persons. In particular, local deaf clubs and deaf persons should be frequently consulted.

3. Centers should provide services which are accessible to hearing impaired individuals, i.e., services which are not limited by communication barriers. This should be accomplished primarily by means of skilled and knowledgeable staff, qualified interpreters, and telecommunication devices for the deaf (TDD/TTY).

4. Centers should advocate on behalf of hearing impaired clients for access to services in public and private sectors.

5. Centers should make available to the public pertinent information on medical aspects, communication, specialized services, and adaptive equipment related to hearing impairments. Community education on these matters should be provided.

6. At least one staff member at each center should be knowledgeable in the areas of communication, specialized services, adaptive equipment, and other issues specific to deafness. Regular in-service training on these matters should be conducted.

7. Centers should be selective in the use of interpreters, whether arranging services for clients or advising others on interpreter service. Certified interpreters should be used whenever possible. Noncertified interpreters who meet minimum qualifications (see Chapter III) should be used whenever certified interpreters are not available.

8. As is the case for all recipients of service, confidentiality should be strictly maintained for the benefit of hearing impaired persons.

9. Peer counselors should be capable of providing counseling assistance in the language and communication mode preferred by the client. Peer counselors should also be sensitive to the need of deaf clients for confidentiality.

10. Special provisions, information, and service should be made available to deaf-blind individuals and their families.

11. Recordkeeping and procedures relating to the operation of TTY-TDD Relay Answering Service should be designed to maintain the confidentiality of parties involved in each instance of telephone relay service.

INDEX

A.

Accessibility, 16,39,44,52
Adaptive Equipment, 32
Advisory Committee, 43-45
Advocacy, 63
Age at onset, 7
American Sign Language, 16
Appeal process, 24,34
Application process, 20
Assessment, 25
Audiological exam, 24

C.

Certified interpreters, 31, App. C
Code of Ethics, 31, App. C
Communication, 16,20,52,65,66
Community, deaf, 54-56
Confidentiality, 22-23,44,52
Cooperative agreements, 47-49
Cooperative programs, 51-52
Costs, 28,29,30,32,35
Counseling, 28,40-41

D.

Deafness, 6
Deaf Community, 54-56
Diagnostic Vocational Evaluation (DVE), 26

E.

Education, 29-32
Eligibility, 23,26-27
Etiology, 7
Extended Evaluation, 23,26

G.

Guidelines, 49,50,56,65-66

H.

Hard of hearing, 6
Hearing aids, 29
Hearing impaired, 6
Housing, 62

I.

Independent living services, 55,60-66
Individualized Written Rehabilitation Plan (IWRP), 27
Interagency cooperation, 48-52
Interpreter service, 22,25,26,28,30,32,55

L.

Language, 16
Laws, 50-51
Linkages, 34

M.

Medical exams, 24
Model State Plan, 2

N.

Notetakers, 32

O.

Otological exam, 24

P.

Peer counseling, 61,66
Personnel, 38,41
Physical restoration, 29
Placement service, 30
Populations, 8-14
Post-employment service, 33

R.

Registry of Interpreters for the Deaf (RID), 31, App. C
Rehabilitation Counselors for the Deaf (RCD), 28,31,40-41
Rehabilitation process, 21
Relay answering service, 56,64
Rubella population, 12

S.

Secondary disability, 25
Severely disabled, 7
Sign language, 16
State Coordinator for the Deaf, 38-39
Support services, 30-33

T.

Training, 29-33
TTY, 22

U.

Ushers syndrome, 8

V.

Vision, 25
Vocational assessment, 25

APPENDIX A

LISTING OF REHABILITATION COUNSELORS SERVING DEAF CLIENTS

CENTRAL OFFICE

ALBANY

99 Washington Avenue, Room 1913, Albany, NY 12234
Richard G. Hehir - V/(518) 474-7575
Eugene F. Joyce - V/TTY (518) 474-8131

UPSTATE REGION

ALBANY

55 Elk Street, Albany, NY
(518) 473-8099
TTY (518) 473-8467
Tobi Bickweat

BINGHAMTON

92 Hawley Street, Binghamton, NY 13901
(607) 770-0460
Patricia Barno

BUFFALO

General William J. Donovan State Office Building, 125 Main Street, Buffalo, NY 14203
(716) 847-3294
Earl Neurohr
Cordelia Cohill

ELMIRA

110 West Second Street, Elmira, NY 14901
(607) 734-5294
Charles Blide

MALONE

East Main Street Road, Malone, NY 12953
(518) 483-3530
Beatrice Woodward

POUGHKEEPSIE

120 Dutchess Turnpike, Canterbury Plaza, Poughkeepsie, NY 12603
(914) 452-5325
Lloyd Draper

ROCHESTER

109 South Union Street, Rochester, NY 14607
(716) 325-5990
TTY (716) 325-6278
Nancy Darmsted
Julie Mikolenko

SYRACUSE

State Office Building, Room 211, Syracuse, NY 13202
(315) 473-8134
TTY (315) 428-4161
Therese Maher

UTICA

State Office Building, 207 Genesee Street, Utica, NY
(315) 797-6120
Wayne Seeley (Rome School for the Deaf, 401 Turin Street, Rome, NY 13440 - V/TTY (315) 336-1000)

DOWNSTATE REGION

BRONX	1500 Pelham Parkway, Bronx 10461 TTY (212) 828-4003 (212) 931-3500 Barbara Cohen Sam Honigman
BROOKLYN	111 Livingston Street, Brooklyn, NY 11201 TTY (212) 834-6562 Bruce Gagnon - (212) 834-6583 Florence Rosen - (212) 834-6557
HAUPPAUGE	State Office Building, Veteran's Highway, Hauppauge, NY 11787 (516) 979-5243 TTY (516) 979-5255 Burton Schwartz
HEMPSTEAD	50 Clinton Street, Room 708, Hempstead, NY 11550 (516) 483-6510 Rosemarie Buscemi
NEW YORK CITY	225 Park Avenue South, New York, NY 10003 (212) 777-7010 Nancy Carr
QUEENS	Lexington School for the Deaf, 30th Avenue at 75th Street, Jackson Heights, NY 11370 V/TTY (212) 478-2522 Judy Smith
WHITE PLAINS	55 Church Street, White Plains, NY 10601 (914) 946-1313 Michael Hoffman Angelo Minieri (Rockland Psychiatric Center, Orangeburg, NY 10962 (914) 359-1042) Linda Mandel

APPENDIX B

ALLIED RESOURCES CENTER FOR THE HANDICAPPED (ARCH)
1506 Whitesboro Street
Utica, New York 13502

CAPITAL DISTRICT CENTER FOR INDEPENDENCE (CDCI)
10 Colvin Avenue
Albany, New York 12206

CENTER FOR INDEPENDENCE OF THE DISABLED IN NEW YORK, INC. (CIDNY)
Room 611
853 Broadway
New York, New York 10003

ROCHESTER CENTER FOR INDEPENDENT LIVING (RCIL)
1400 Mt. Hope Avenue
Rochester, New York 14620

INDEPENDENT LIVING FOR THE HANDICAPPED (ILH)
408 Jay Street
Brooklyn, New York 11201

UNITED CEREBRAL PALSY (ARISE)
1630 Court Street
Syracuse, New York 13208

WESTCHESTER COUNTY INDEPENDENT LIVING CENTER
Room 201
148 Martine Avenue
White Plains, New York 10601

WESTERN NEW YORK INDEPENDENT LIVING PROJECT (WNYILP)
3108 Main Street
Buffalo, New York 14214

LONG ISLAND CENTER FOR INDEPENDENT LIVING (LICIL)
3601 Hempstead Turnpike
Levittown, New York 11756

APPENDIX C

INTERPRETERS FOR THE DEAF

The Registry of Interpreters for the Deaf, Inc. has established an evaluation and certification system for sign language, oral and legal interpreters for the deaf. The certification signifies that an interpreter has attained a level of skill in the area in which they have been evaluated. This ensures to the consumer (both the hearing consumer and the deaf consumer) of the interpreting service that the interpreter has gained a certain level of competence. The certifications are valid for five years and must be maintained on an annual basis with the RID.

The following is a description of the different certificates issued by the RID:

Comprehensive Skills Certificate (CSC): The interpreter with this certificate has demonstrated the highest comprehensive level of interpreting skill in sign language. This individual is skilled in being able to expressively (voice to sign) interpret and transliterate and also has a high degree of competence in being able to reverse (sign to voice) interpret and transliterate. This individual possesses the skills to be able to communicate with deaf individuals utilizing the mode of communication of the deaf individual be it American Sign Language or a manual code for English.

Interpretation Certificate (IC): The interpreter with this certificate has demonstrated a high level of skill in being able to expressively interpret in American Sign Language and has also demonstrated skill, at a lower standard than the CSC, in the ability to reverse interpret American Sign Language. (Previously EIC).

Transliteration Certificate (TC): The interpreter with this certificate has demonstrated a high level of skill in being able to expressively transliterate in a manual code for English and has also demonstrated skill, at a lower standard than the CSC, in the ability to reverse interpret a manual code for English. (Previously the ETC).

Reverse Skills Certificate (RSC): This certificate is issued to interpreters who have demonstrated a high level of skill in being able to reverse (Sign to voice) interpret or transliterate. This certificate is generally awarded to deaf individuals; however hearing interpreters may be awarded this certificate if they meet the standards.

Master Comprehensive Skills Certificate (MCSC): This certificate is issued during the re-evaluation system for those interpreters who have held a CSC certificate for at least four years and have demonstrated a higher level of competence than the CSC.

Specialist Certificate: Legal (SC:L): This certificate is awarded to an interpreter who has a CSC plus demonstrated specialized skill in being able to interpret in legal settings. There is a special evaluation established for this certification.

Oral Interpreter Certificate: Comprehensive (OIC:C): The interpreter with this certificate has demonstrated the highest comprehensive level of interpreting skill in oral situations with oral deaf adults. The interpreter is skilled in being able to paraphrase or transliterate a spoken message with or without voice and also able to reverse interpret for an oral deaf adult.

Oral Interpreter Certificate: Spoken to Visible (OIC:S/V): The interpreter with this certificate has demonstrated skill in interpreting for oral deaf adults both in being able to paraphrase or transliterate spoken message with or without voice and also be able to reverse interpret for an oral deaf adult but at a lower standard of competence than the comprehensive certificate.

Oral Interpreter Certificate: Visible to Spoken (OIC:V/S): The interpreter with this certificate is able to understand the speech and/or mouth movements of a oral deaf person and repeat it for a third person. This is a reverse certificate for oral interpreting. It is generally awarded to oral deaf adults; however, a hearing interpreter may have this certificate if they have demonstrated skill in this area.

Code of Ethics

Certified interpreters for the deaf must follow a Code of Ethics as published by the RID to assure professional standards of the interpreting service. The RID Code of Ethics is as follows:

1. Interpreter/transliterator shall keep all assignment-related information strictly confidential.

2. Interpreter/transliterators shall render the message faithfully, always conveying the content and spirit of the speaker, using language most readily understood by the person(s) whom they serve.

3. Interpreter/transliterators shall not counsel, advise, or interject personal opinions.

4. Interpreter/transliterators shall accept assignments using discretion with regard to skill, setting and the consumers involved.

5. Interpreter/transliterators shall request compensation for services in a professional and judicious manner.

6. Interpreter/transliterators shall function in a manner appropriate to the situation.

7. Interpreter/transliterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues and reading of current literature in the field.

8. Interpreter/transliterators, by virtue of membership in or certification by the RID, Inc. shall strive to maintain high professional standards in compliance with the Code of Ethics.

APPENDIX D

Recommendations of Ad Hoc Advisory Committee (1983)

Personnel

1. Consideration should be given to development and implementation of in-service training programs for noncounselor OVR staff. A form of case study should be looked into, for its realistic and real-life capability for all in-service training programs.

2. The possibility of hiring OVR job placement counselors who specialize in serving deaf clients should be investigated.

3. The requirements for a bilingual counselor, i.e., American Sign Language, should be investigated.

Services

1. Consideration should be given to addressing the following issues related to employment of the deaf. First, a job bank, to address upward job mobility, should be considered. Second, the need for extending support services to maintain employment of clients should be studied. Third, the issue of upgrading deaf people who are employed in jobs which underemploy their skills should be studied and recommendations made given the findings.

2. Interpreter service policies should be reviewed, including possible revision of the fee schedule and definition of term "qualified interpreters."

3. Consideration should be given to integrating the Individual Written Rehabilitation Plan (IWRP) and the Individual Education Plan (IEP).

4. It is recommended that the need for transitional housing for deaf adolescents be investigated. This type of facility would be for low-functioning deaf youth between the ages of 18 and 25 and who are not mentally retarded. Such a facility would prepare the individual for independent living.

5. An eye examination should be considered as a required part of the assessment/examination requirements for deaf clients.

6. The college choice policy needs to be looked into so as to ensure that deaf clients are not placed into a college situation solely for economic reasons.

7. The OVR policy on work-study programs should be updated to include hearing impaired and other clients.

8. If additional money becomes available in the future, it is recommended that money be channeled into developing new cooperative programs between OVR and other State or nonstate agencies.

9. An analysis of the peer counseling concept and application of the concept be done and principles developed that can be useful in peer counseling as it relates to deaf individuals.

Public Information

1. Consideration needs to be given to development of special material which describe the OVR process in language and modes that are responsive to a deaf audience. As part of this, Individualized Written Rehabilitation Plans (IWRP) should be written which can be understood by hearing impaired clients who have a wide range of language capabilities.

2. Develop a list or an entire brochure on existing social services, clubs, and other organizations involving deaf persons on a county-by-county basis. Also, all OVR district offices should maintain a list of local resources for deaf clients and for the families of deaf clients.

3. The Office of Vocational Rehabilitation should promote public awareness related to employment of deaf people.

4. Consideration needs to be given to designing and disseminating an information piece for use by assessment specialists. This information piece should provide specialists with the kind of assessment information OVR is looking for and suggest the types of tests to use.

5. It is recommended that the need to coordinate services and disseminate information regarding services for deaf individuals be investigated. This information dissemination would include genetic counseling and the need for early detection.

6. A guidelines booklet, which describes qualifications of interpreters, should be designed and disseminated.

7. Develop a feedback mechanism that allows the deaf community to communicate with OVR on deafness-related matters.

8. It is recommended that, when all existing cooperative agreements are revised, OVR determines whether or not these agreements can be changed in light of proposed guidelines. New cooperative agreements should be consistent with the guidelines.

9. The Office of Vocational Rehabilitation should promote providing of emergency information to deaf people through commercial and public television.

Research/Evaluation

1. Study the feasibility of maintaining census and related data on the hearing impaired population in New York State, e.g., demographic, achievement, and employment. This information base is necessary if New York State is to design services to meet the needs of deaf clients.

2. Study cases which were closed unsuccessfully (Status 08, 28, 30) for patterns and reasons which might be useful in improving OVR programs and services to hearing impaired clients.

3. Study whether there is a need for regional assessment centers for use by OVR counselors. These centers can be used by OVR counselors when there are no local assessment centers with expertise in dealing with a hearing impaired population.

4. Consideration should be given to modification of the economic needs test, especially as it relates to spouses.

5. Consideration should be given to a separate State plan for the deaf-blind.